

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90003 033 \*\*\*550.00

**DOCUMENT # P02000051806**

1. Entity Name  
**R.R.R. CABINET INSTALLATION, INC.**



Principal Place of Business  
**7823 INDIAN TRAIL RD  
BROOKSVILLE, FL 34613**

Mailing Address  
**7823 INDIAN TRAIL RD  
BROOKSVILLE, FL 34613**

**54060818**



07032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3694546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROY, RUDOLF  
7823 INDIAN TRAIL RD  
BROOKSVILLE, FL 34613**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROY, RUDOLF 7823 INDIAN TRAIL RD BROOKSVILLE, FL 346135266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sales rep Edward A. Peterson 15032 Toni Terrace Hudson, Fl. 34669-1301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>work coordinator Paul A. Peterson 15032 Toni Terrace Hudson, Fl. 34669-1301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-5-09**

**352-238-3030**